

Case Number:	CM14-0070558		
Date Assigned:	07/14/2014	Date of Injury:	11/20/2009
Decision Date:	09/25/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/15/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 55 year old male who had a work related injury on 11/20/09. The mechanism of injury is cumulative trauma. Current diagnoses are listed as cervical radiculopathy, lumbar radiculopathy, and major depression. The injured worker reports he is not currently working. Most recent clinical documentation submitted for review was dated 04/01/14 for follow up evaluation. There was no significant improvement since last exam, alcohol consumption had increased, and had difficulty with hemorrhoids, possibly related to constipation resulting from stress was noted. On physical examination, cervical spine paravertebral muscles had tenderness, spasm was present, spurling test was positive on the left, motor strength and sensation were grossly intact, lumbar spine paravertebral muscles had tenderness, spasm was present, range of motion was restricted, straight leg raise test was positive bilaterally, extensor hallucis longus (EHL) and ankle dorsiflexors were 4/5 bilaterally. MRI of cervical spine dated 10/15/13 noted severe cervical spine stenosis at C3 to C4, C4 to C5, C5 to C6, and C6 to C7 with severe compression of cervical cord and bilateral C5, C6, and left C7 cervical radiculopathy; and cord atrophy after chronic compression of C4 to C5, C5 to C6, and C6 to C7 may also be considered. MRI of lumbar spine dated 10/15/13 showed bilateral lateral recess obliteration at L4 to L5 with 4 millimeters diffuse broad based disc bulge annular tear, localized clinical symptoms with bilateral L5 radiculopathy should be considered, borderline compression of left S1 nerve root may be presented secondary to articular facet hypertrophy and 3 millimeter disc bulge at L5 to S1. The patient was treated with physical therapy, chiropractic care, pain medication, and muscle relaxants. Prior utilization review on 04/16/14 was noncertified.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Docusate Sodium 100 MG Quantity 60 Two Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: Prophylactic treatment of constipation should be initiated, when using opioids. The request for Docusate sodium 100 milligrams is predicated on the request for Tramadol. As Tramadol was found not to be medically necessary the request for Docusate sodium is not medically necessary.

Orphenadrine ER 100 MG Quantity 60 With Two Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as a second line option for short term (less than two weeks) treatment of acute low back pain and for short term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the patient has exceeded the two to four week window for acute management also indicating a lack of efficacy if being utilized for chronic flare ups. As such, the medical necessity of this medication cannot be established at this time.

Tramadol HCl 50 MG Quantity 60 With Two Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There are no documented visual analog scale (VAS) pain scores for this patient with or without medications. In addition, no recent opioid risk assessments

regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication cannot be established at this time.

Omeprazole DR 20 MG Quantity 30 Two Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Proton pump inhibitors (PPIs).

Decision rationale: As noted in the Official Disability Guidelines, proton pump inhibitors (PPIs) are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of nonsteroidal antiinflammatory drug (NSAID) use. Risk factors for gastrointestinal (GI) events include age greater than 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of Aspirin (ASA), corticosteroids, and/or an anticoagulant; or high dose/multiple NSAIDs. There is no indication that the patient is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long term PPI use (greater than one year) has been shown to increase the risk of hip fracture. As such, the request for this medication cannot be established as medically necessary.